



OFFICE OF VITAL STATISTICS

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[Grab your reader's attention with a great quote from the document or use this space to emphasize a key point. To place this text box anywhere on the page, just drag it.]

ONLINE ORDERS VIA [GOCERTIFICATES](#) or [VITALCHEK](#)

APPLICATION FOR A CERTIFIED COPY OF A DELAWARE DEATH CERTIFICATE

PLEASE COMPLETE ALL ITEMS REQUESTED AS ACCURATELY AS POSSIBLE.

State File number: _____ Number of Copies: New _____ Corrected _____ Replaced _____
☐ Veteran Total cost: _____ Mode of payment: Cash ☐ Credit Card ☐ Check # _____

Name on Death Certificate	First Name	Middle Name	Last Name
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Death (mmddyyyy)		Place of Death
Name of Mother or Parent A	First Name	Middle Name	Last Name at Birth
Name of Father or Parent B	First Name	Middle Name	Last Name at Birth

RELATIONSHIP TO THE PERSON WHOSE DEATH CERTIFICATE YOU ARE REQUESTING (PLEASE CHECK ONE BOX)

Name of Funeral Home: _____	Provide the purpose if client is not the current legal spouse, child, parent or guardian. Purpose: _____ _____ _____ _____ _____ Note: Additional documentation may be requested.
Client's Name: _____	
<input type="checkbox"/> Is your client the informant?	
Client's Relationship to Registrant:	
<input type="checkbox"/> Current legal spouse (proof required if not listed in the dc)	
<input type="checkbox"/> Parent	
<input type="checkbox"/> Child (birth certificate required if not born in DE)	
<input type="checkbox"/> Legal guardian (court order required)	
<input type="checkbox"/> Other, please specify _____ (proof required)	

REQUIRED UPON FILING OF APPLICATION

- Cost: \$25.00 per certificate - A portion of the fee is donated to the distressed cemetery fund (If record is not located, fee will be retained for search). Make checks or money orders payable to the **Office of Vital Statistics**.
- Copy of your official valid photo identification (Drivers license, State ID or Work ID)
- Parent's identification needed for children

PERSON APPLYING FOR CERTIFICATE

I hereby certify that all the above information is true to the best of my knowledge. It is a felony violation of Delaware Law (16 Del. C. §3111) to make a false statement on this application or to unlawfully obtain a certified copy of a death certificate.

Print name of person applying for certificate _____
Signature of person applying for certificate _____ Date _____
Street Address _____
City/Town _____ State/Zip Code _____
Email Address _____ Daytime Phone _____

FOR OVS USE ONLY Identification: _____